

MAGNETIC MEDIA REPORTING REQUEST FOR AUTHORIZATION

Mail to: State of Alabama, Department of Industrial Relations
ATTN: Partials Clerk
Information Systems Division
649 Monroe St., Suite 3205
Montgomery Ala. 36131

THIS APPLICATION IS FOR:			MAGNETIC TAPE	DISKETTE
FIRM NAME		DATE		
ADDRESS				
CITY	STATE		ZIP CODE	
PERSON TO CONTACT ABOUT REQUEST			FEDERAL EMPLOYER IDENTIFICATION NUMBER	
NAME:			STATE EMPLOYER ACCOUNT NUMBER	
TITLE:				
TELEPHONE : () - 				
TAPES				
MAKE AND MODEL OF TAPE DRIVE:			LABEL FORMAT STANDARD NON-LABELED	
AUTHORIZED REPRESENTATIVE OF ORGANIZATION REQUESTING APPROVAL:				
NAME:			DATE:	
TITLE:				
PLEASE RETURN TAPES TO:				
NAME OF FIRM:			ATTENTION:	
ADDRESS:				
CITY:	STATE:		ZIP CODE:	